

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
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TOTAL IND.							TOTAL IND.	49		
TOTAL DEP.							TOTAL DEP.	4		
TOTAL CLAIMS							TOTAL CLAIMS	53		